

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**Use separate schedule(s)  
for each category of the  
Aggregation Page

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FOR LINE NUMBER:  
(check only one)☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

California Republican Party/V8

Full Name (Last, First, Middle Initial)

A. William Bloomfield

Mailing Address 940 1st Street

City

Manhattan Beach

State

CA

Zip Code

90266-

Name of Employer or Principal Place of Business

DREAM HOME

Occupation

CEO/Retired

Transaction ID: SL042920080C5632333

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: 100

SUBTOTAL of Receipts This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

10000.00